



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

FIRE, EMERGENCY AND DISASTER PLAN

Effective Date: August 7, 2014

Policy #: ER-02

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I. PURPOSE:

- A. To ensure proper response by Montana State Hospital (MSH) personnel in the event of a fire or other emergency situation.
- B. To ensure all patient occupied buildings at MSH have preplanned evacuation routes and relocation sites.

II. POLICY:

- A. It is the policy of MSH to maintain a safe environment for employees, visitors and patients. In order to achieve the most effective response during emergency situations, MSH will maintain a *Fire, Emergency and Disaster Plan*.
- B. All patient occupied buildings must have a fire and emergency evacuation plan which will include a building diagram with pre-determined evacuation routes clearly identified.
- C. The fire and emergency evacuation plan shall be permanently posted in each distinct section of the applicable building (floors, wings, etc.) with the applicable evacuation routes highlighted.
- D. The Quality Improvement Department will conduct an annual review of the MSH *Fire, Emergency and Disaster Plan*.

III. DEFINITIONS:

- A. Fire, Emergency and Disaster Plan: A written document outlining procedures to be taken in the event of a variety of internal or external disasters.
- B. Evacuation Plan: A written floor plan clearly identifying evacuation routes from all patient occupied buildings.
- C. Relocation Site: An area where all patients, staff, and visitors relocate to in the event of a fire or other emergency.

IV. RESPONSIBILITIES:

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A. Safety Officer will:

1. Assist the Quality Improvement Department to ensure the *Fire, Emergency and Disaster Plan* is updated annually.
2. Ensure disaster drills are conducted live and/or tabletop annually.

B. The Safety Officer will ensure all patient occupied buildings have a floor plan that identifies evacuation routes. A relocation site for each patient occupied building must also be identified.

C. Supervisors must ensure all staff are aware of evacuation routes and relocation sites.

V. PROCEDURE:

- A. Nurse Managers and the Safety Officer will review unit fire and emergency evacuation plans for their units on an annual basis. The Safety Officer will submit a summary of the annual review to the Quality Improvement Committee. The annual report will identify any changes made to the previous plan.
- B. The Safety Officer will conduct an annual review of evacuation plans and relocation sites with supervisory staff in all non-patient occupied buildings. The Safety Officer will submit a summary of the annual review to the Quality Improvement Committee. The annual report will identify any changes made to the previous plan.
- C. Supervisors must ensure all employees are aware of their responsibilities in the event of a fire or other emergency.
- D. All new employees and interns must receive instruction regarding the procedures contained in the Fire, Emergency & Evacuation plan as part of orientation for all new employees. Regular training will be provided to current employees.

VI. REFERENCES: NFPA101-1008

VII. COLLABORATED WITH: Safety Officer; Director of Quality Improvement; Director of Nursing,

VIII. RESCISSIONS: #ER-02, *Fire, Emergency, and Disaster Plan* dated July 15, 2011; #ER-02, *Fire, Emergency, and Disaster Plan* dated May 2, 2008; ER-02, *Fire, Emergency, and Disaster Plan* dated May 2, 2005; #ER-02, *Fire, Emergency, and Disaster Plan* dated January 28, 2002; Policy # ER-02 -- *Fire, Emergency, and Disaster Plan* dated February 14, 2000.

IX. DISTRIBUTION: All hospital policy manuals.

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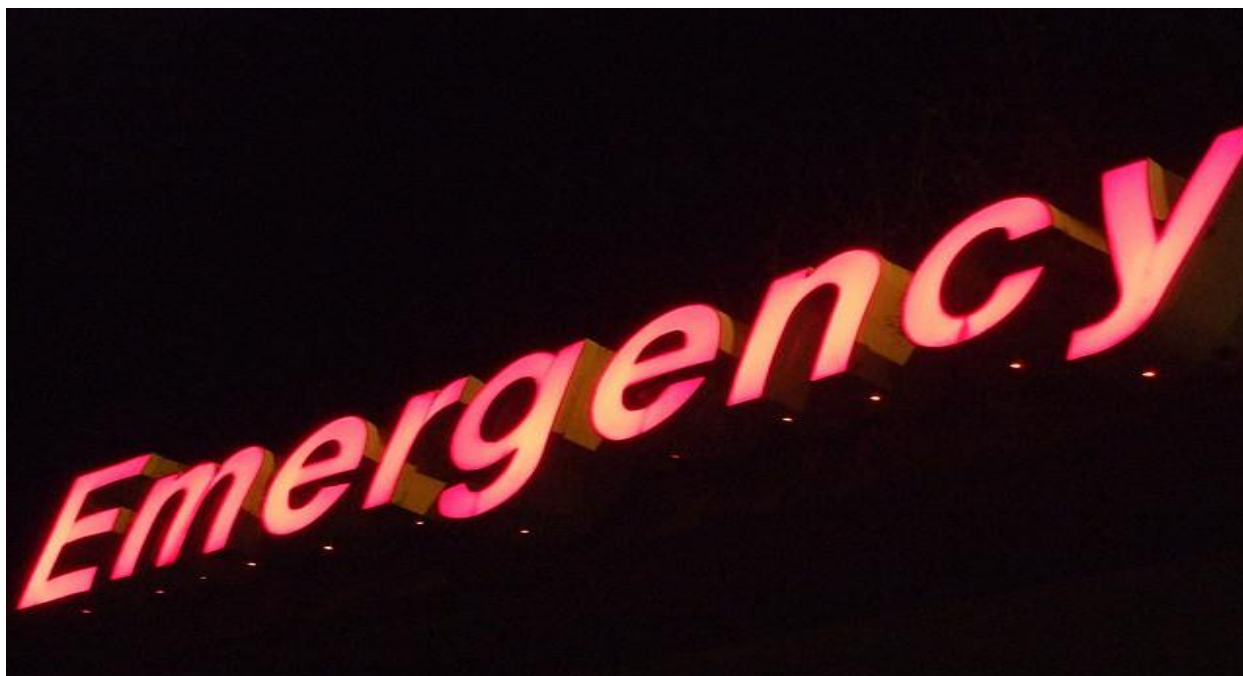
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Safety Officer
- XII. ATTACHMENTS:**
- A. Fire, Emergency & Disaster Plan – As updated July 2015. *[Accessible via the computerized version of the Policy and Procedure Manual. Hard copies are also readily accessible in all work areas of the hospital.]*

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director

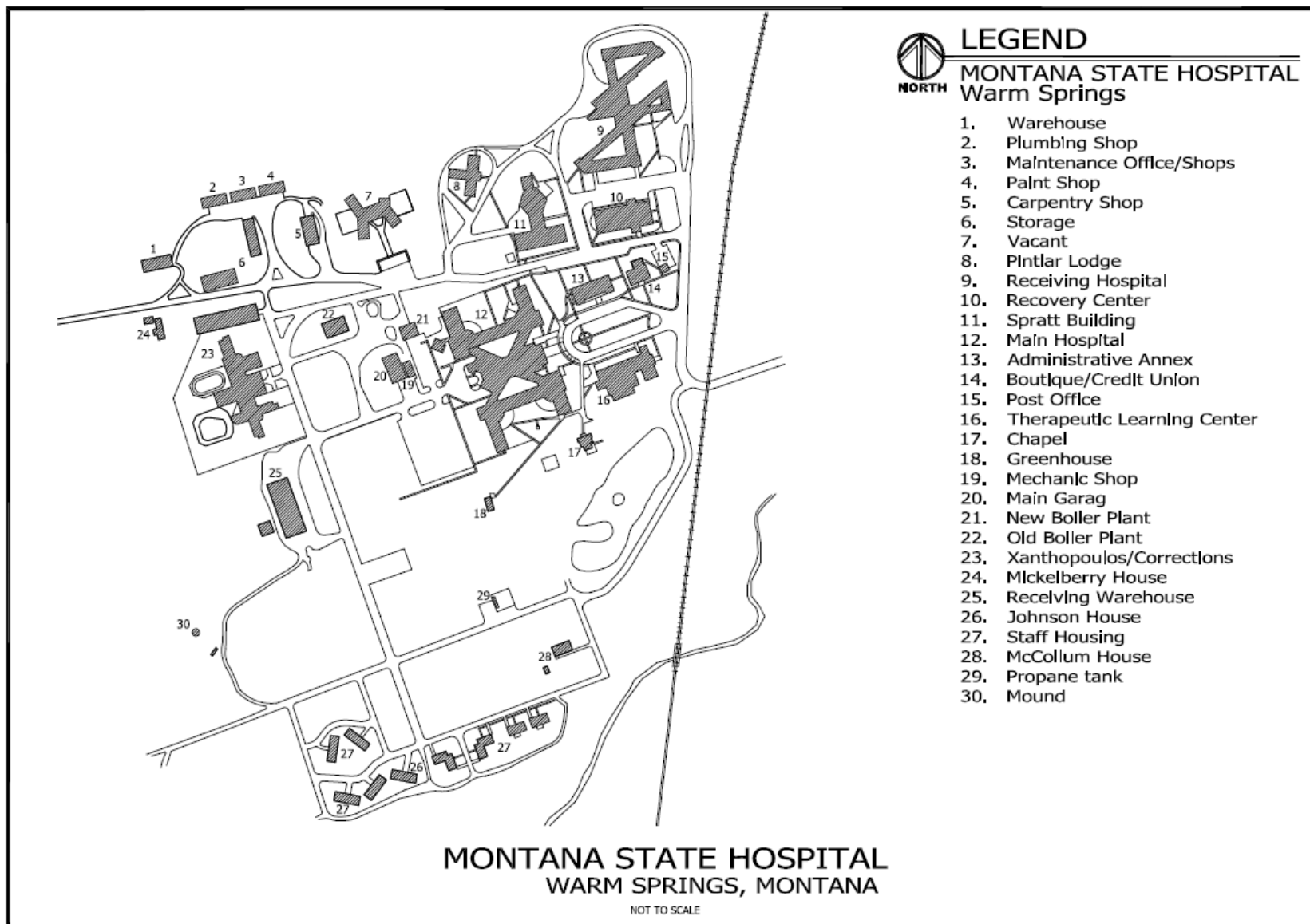


MONTANA STATE HOSPITAL
Warm Springs, Montana
FIRE, EMERGENCY AND DISASTER PLAN
2015
Revised July 2015



*MONTANA STATE HOSPITAL
FIRE, EMERGENCY AND DISASTER PLAN
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MONTANA STATE HOSPITAL FIRE, EMERGENCY AND DISASTER PLAN

WHAT EVERY EMPLOYEE SHOULD KNOW ABOUT FIRE AND FIRE SAFETY

This document has been prepared to ensure **ALL** employees know their responsibilities in the event of a fire or other emergency at Montana State Hospital.

There are two major considerations in a fire situation - preservation of life and preservation of property.

PRESERVATION OF LIFE IS CLEARLY THE PRIMARY CONCERN

The following acronym helps prioritize responsibilities when responding to a fire.

- R** - Rescue Patients, Staff and Visitors
- A** - Sound the Alarm
- C** - Confine the Fire
- E** - Extinguish the fire

RESCUE:

- Immediately move all patients, employees and visitors away from danger - *flames, heat, and smoke*. If smoke or gases are present, get down on the floor and crawl to safety. Conduct a systematic search of each room and area to ensure everyone has been safely evacuated.
- After relocation or evacuation, immediately account for all persons who were residing, working or visiting the area.
- When people are out of danger, remove important records. **Do not put yourself at risk in doing so.**
- Floor plans identifying evacuation routes are posted throughout all patient occupied areas. Refer to pages 16 and 17 for evacuation sites.

ALARM: Dial 7440 for all emergencies

The emergency number for WATCH is 7442.

- Utilize a pull station to activate the alarm if it has not sounded automatically. All employees are provided a key to activate pull stations.
- Provide pertinent information about the fire to the Hospital Operations Specialist working at the front desk. **If you are calling from the housing area, you must dial 693-7440.** Between Midnight and 6:00AM E Wing personnel assume Hospital Operations Specialist duties.
- If reporting a fire, assist with the evacuation process

CONFINE:

- Close all doors and windows. **DO NOT LOCK DOORS** because firemen do not have keys and locked doors could trap a person in the building.
- **SHUT OFF ALL OXYGEN.** Remove portable oxygen if you can do so without putting yourself at risk.

EXTINGUISH: ONLY IF IT DOES NOT PUT YOU AT RISK

- Attempt to put out the fire. Know the location of and how to operate a fire extinguisher. **ONLY ATTEMPT TO PUT OUT FIRES IF THEY ARE IN THE INCIPIENT STAGE, (BEGINNING STAGE) OF BURNING.**
- All patient occupied areas are equipped with ABC multipurpose fire extinguishers that can be used on all types of fires. Some areas of the hospital are equipped with Halotron, Type A, or CO2 extinguishers.
- All employees are issued keys for fire extinguisher cabinets.
- Do not use Type A (water) extinguishers on electrical fires.

HOW TO USE A FIRE EXTINGUISHER

Remember the acronym **PASS** for operating a fire extinguisher:

- **Pull** the Pin: This unlocks the operating lever and allows you to discharge the extinguisher.
- **Aim** low: Point the extinguisher nozzle at the base of the fire.
- **Squeeze** the lever: This discharges the extinguishing agent. Releasing the lever will stop the discharge. Be prepared for the noise made as the extinguisher discharges the retardant. Do not stand closer than 10 feet when the extinguisher is discharged as this can blow the fire away from you & allow it to spread.
- **Sweep** from side to side: Moving carefully toward the fire, keep the extinguisher aimed at the base of the fire. Sweep it back and forth until the flames disappear.

Do not put yourself at risk. Your safety takes priority. Keep yourself between the fire and emergency exit. Leave yourself a way to get out.

EMERGENCY USE OF PUBLIC ADDRESS SYSTEM IN THE MAIN HOSPITAL BUILDING

In the event of a fire or other **emergency** (i.e. patient intervention, medical emergency, unauthorized leave, etc) **immediately dial 7440** (from the housing units dial 693-7440). You will reach a Hospital Operations Specialist (HOS) at the switchboard from 6:00AM until 12:00Midnight, between 12:00Midnight and 6:00AM you will reach personnel working on E Wing. The Hospital Operations Specialists and night shift personnel on E Wing can notify personnel in the Main Hospital Building and the Spratt Building of emergency situations by utilizing the Public Address system.

The HOS (E Wing personnel between the hours of 12:00Midnight and 6:00AM) should take the following steps when a call is received on the emergency telephone.

- Obtain details of the emergency from the caller.
- The PA system can be heard throughout the Main Building, the Spratt Building, Recovery Center and the TLC. When using the PA system, the Hospital Operations Specialist must provide essential information about the emergency situation.
- Notify Security of all emergency situations by radio.
- Notify nurse managers & program managers of all emergency situations.

The following codes should be used to differentiate types of emergencies:

| | |
|--------------------|------------------------|
| Code Blue | Medical Emergency |
| Code Red | Fire or other Disaster |
| Code Green | Patient Behavior |
| Code Orange | Unauthorized Leave |

During regular business hours the Hospital Operations Specialist must immediately notify Med Clinic physicians (via pagers) of all medical emergencies.

Hospital Operations Specialists should use the following designations to identify where assistance is needed:

- **Alpha for A Wing**
- **Bravo for B Wing**
- **Charlie for C Wing** (C Wing is all non-patient areas in the Main Hospital Building)
- **Delta for D Wing**
- **Echo for E Wing**
- Other areas of the Hospital should be identified by their usual designation.
A typical message delivered over the PA system might be "Code Green on Bravo Wing". The Hospital Operations Specialist should repeat the message twice.

Personnel working in the Main Hospital Building and on the Spratt Building should respond to the area(s) needing assistance according to established policies and procedures.

EMPLOYEE RESPONSIBILITIES

If you hear the hospital siren or fire alarms, **DO NOT call the front desk asking for information.** Calls to the front desk in the event of an emergency make it more difficult for front desk personnel to notify appropriate personnel in a timely manner. Supervisors should report to the front desk for information on the emergency.

GENERAL ASSIGNMENTS: All employees are responsible for making sure patients, staff, and visitors are out of all area(s) of the building being evacuated, (i.e., bathrooms, beauty shop, visiting areas, etc.). Personnel must immediately conduct a head count to ensure all patients, staff and visitors have been accounted for. Immediately notify the Emergency Operations Center and let them know if patients and staff have/have not

been accounted for. Use the MAR to identify patients, so a positive identification can be made with a photograph.

All available personnel should report to the emergency site and provide assistance as needed. If help is not needed at the emergency site, proceed to the relocation site (if applicable) and offer assistance. Employees not immediately involved in evacuation or supervision of patients should return to their work location. The Emergency Operations Center will also direct personnel to where their services are needed. Staff reporting to the relocation/evacuation site should bring Personal Protective Equipment with them.

Anytime the Hospital siren sounds, patients and staff should return to their units unless the patient(s) are already in a safe location. **Patients who are in a safe area should remain in that area with staff supervision.** Employees working these areas should contact the Emergency Operations Center (Dial "0.") and inform them of any patients in their immediate area.

Leisure Pass will be suspended until the all-clear signal is given.
A weekly test of the campus siren is done every Friday at 1300 hours.

The following responsibilities are guidelines to be followed by all personnel in the event of a fire or other emergency at Montana State Hospital:

CEO or designee – Report to the front desk and assume command of the Emergency Operations Center. The EOC may be moved to the Recovery Center Building, (in the mail room) if circumstances warrant the evacuation of the Main Hospital.

ADMISSIONS CLERK - Report to the front desk and assist the Hospital Operations Specialist.

PROGRAM MANAGERS/NURSE SUPERVISORS - Assume responsibility for making decisions about evacuation, relocation, etc. In his/her absence the **Registered Nurse** will assume these responsibilities. When patients and staff arrive at the relocation/evacuation site, (refer to pages 16 & 17) immediately contact the Emergency Operations Center (front desk) and verify all patients and staff have been accounted for.

LICENSED NURSES - Registered Nurses will coordinate evacuation of patients and employees. RN/LPNs are responsible for relocation of the Medication Administration Records (MAR). The MAR will assist in accounting for all patients at the relocation site. **Licensed nurses must also bring the emergency medication box to the relocation or evacuation site.**

PSYCHIATRIC TECHNICIANS - Assist with evacuation of patients, staff and visitors. Psych Techs must ensure all patients are accounted for. Psych Techs will also ensure the patient sign-out sheet is taken to the evacuation site to assist with accounting for all patients, employees and visitors.

REHAB AIDES - Assist nursing staff in the evacuation of patients, staff and visitors. Refer to the section “**Fire & Evacuation for the TLC**” for managing emergency situations in the Therapeutic Learning Center (pg 12).

PROFESSIONAL STAFF - Social Workers, Psychologists, Rehab/Recreation Therapists, Chemical Dependency Counselors & Interns will assist nursing staff in the evacuation of patients, staff and visitors.

PHYSICIANS, PSYCHIATRISTS, NURSE PRACTITIONERS - Assist with evacuation of patients if the fire is in their immediate work area. **If the fire is not in their immediate work area, all physicians must report to the triage site.**

MAINTENANCE PERSONNEL - Report to the Maintenance Office. The Maintenance Manager should contact the Emergency Operations Center (Dial 0) to obtain specific instructions. Notify the Emergency Operations Center if all Maintenance personnel are not accounted for.

OFFICE/CLERICAL STAFF - Receive instructions from the Emergency Operations Center.

BUSINESS OFFICE - personnel are responsible for traffic control (i.e., keeping people away from the scene, making sure access to fire hydrants is not blocked, etc.). This consists of directing personnel to the proper area, keeping unnecessary pedestrian traffic away and directing unnecessary vehicular traffic away from the scene.

STAFFING OFFICE - If an area is being evacuated, immediately provide copies of staffing schedules to the evacuation site so staff at the evacuation site can verify all nursing staff is accounted for. Then report to the Emergency Operations Center to receive additional instructions.

HEALTH INFORMATION - report to the relocation site. Some HIM personnel may be directed to the Triage area. The Health Information Management supervisor will contact the Emergency Operations Center for specific instructions.

DIETARY STAFF - If the fire is in the kitchen, turn off all gas & equipment if you can do so without putting yourself at risk. Move to the evacuation/relocation site. Contact the Emergency Operations Center for specific instructions. If the fire is not in the kitchen area, report to the dining room. The Dietary Supervisor should contact the Emergency Operations Center for specific instructions. Let the Emergency Operations Center know if all Dietary personnel are not accounted for.

HOUSEKEEPING/LAUNDRY - If the fire is on your work unit, assist with evacuation of patients. If the fire is not in your immediate area, report to the dining room. The Housekeeping Supervisor should contact the Emergency Operations Center for specific instructions. Let the Emergency Operations Center know if all Housekeeping/Laundry personnel are not accounted for.

SECURITY OFFICERS - Security Officers must report to the scene of any alarm to assess the situation. If smoke or fire is visible, the Security Officer must immediately notify Front Desk personnel (E Wing personnel between 12:00 Midnight and 6:00AM). If it is a false alarm, the Security Officer must reset the Fire Panel in the affected building and notify the Front Desk of the situation. The security officer will be in charge of establishing an incident command center at a safe distance from the scene using the security vehicle (if appropriate) with the roof mounted strobe activated.

WAREHOUSE PERSONNEL - Contact the Emergency Operations Center to receive specific instructions. Be prepared to assemble emergency supplies for transport to the evacuation site or triage area (i.e., First aid supplies, blankets, water, etc.).

The Transitional Care Units, Pintlar Lodge and the Maintenance Buildings **are not** connected to the annunciator system. They can be reached by two-way radio or phone.

HOSPITAL OPERATIONS SPECIALIST – or E Wing Personnel performing HOS duties between Midnight and 6:00AM.

The Hospital Operations Specialist is responsible for responding to ALL alarms sounded via the fire alarm annunciator.

- Anytime there is a report of **smoke or fire immediately call 911**. The 911 dispatcher will want specific information about the fire (i.e. which building, type of fire, etc). The 911 dispatcher will then relay this information to fire fighters via the Anaconda Deer Lodge County paging system.
- The HOS must **notify 911** of all false alarms or when personnel on a unit indicate there is **not an actual fire situation** (so the 911 dispatcher does not activate pagers for firefighters). The Hospital Operations Specialist must also notify **Tyco Security Systems** of all false alarms.
- Anytime there is a report of **smoke or fire** utilize the Hospital's **Public Address** (PA) system to notify personnel of a **"Code Red."**
- Anytime there is a report of smoke or fire **immediately activate the hospital siren** located at front desk. E Wing personnel can activate the hospital siren from E Wing between 12:00 Midnight and 6:00A.M. The switch to activate the siren from E Wing is clearly identified at the E Wing Nurses Station.
- The hospital siren must be tested by the Hospital Operations Specialist each week. This test is done Fridays at 1300 hrs. Testing must be documented on the form located at the front desk.
- Provide information about the alarm/fire to Security.
- Announce "All Clear" over the Public Address system when directed to do so.

ALARM ACKNOWLEDGMENT

When the fire alarm annunciator sounds, the HOS must take the following steps immediately (a key is required to perform the following functions; keys are provided to appropriate staff). **The Hospital Operations Specialist, or assigned night shift personnel (Security) during the hours of 12:00 Midnight - 6:00AM, are the only employees authorized to reset the fire alarm annunciator.**

- Press the acknowledge button on the fire alarm annunciator panel. Pressing this button will indicate the location of the alarm.

ALARM ACKNOWLEDGMENT (cont.)

Silence the alarm on the fire alarm annunciator panel - the lights will continue to flash and the system will remain activated. **The alarm is only silenced to avoid potential escalation of patient behavior on the units. All personnel must remain active and alert until the situation is thoroughly investigated and it is determined the situation is safe.**

- Notify the unit indicated on the annunciator. Direct personnel on that unit to investigate the area identified, stay on the line and have them immediately report back to you. If smoke or any type of fire is present, **immediately** notify 911, utilize the PA system to announce "Code Red" followed by the location of the fire, activate the hospital's siren, and notify Security & the Nurse Manager.

ALARMS OUTSIDE THE MAIN HOSPITAL BUILDING

When the Hospital Operations Specialist receives notification of a fire outside the Main Hospital Building or Spratt Building they should immediately contact the unit identified on the annunciator to determine if there is an actual fire vs. a false alarm. Notify Security of all alarms occurring in unoccupied buildings. **If smoke or flames are present**, immediately notify 911, announce "Code Red" on the public address system, and activate the siren.

FIRE PROTECTION

Montana State Hospital has an agreement with the Opportunity Volunteer Fire Department for fire protection and emergency response. When instructed to do so by the CEO, (or designee), Nurse Manager or Emergency Operations Center the HOS can notify other departments of the situation by calling Anaconda Deer Lodge County **911**.

Montana State Hospital is a member of the Montana Healthcare Mutual Aid System (MHMAS)

OBTAINING AN AMBULANCE

The Hospital Operations Specialist must notify Anaconda Deer Lodge County 911 of the need for an ambulance when directed to do so by the Nurse Manager or Emergency Operations Center. Provide all available information to the ADLC dispatcher when making the call.

Notify Security to direct the ambulance to the appropriate area as it arrives on the campus.

VEHICULAR TRANSPORT OF PATIENTS

Safe vehicle transport – always keep the safety of both patients and staff members a priority whenever transporting. Don't allow a patient to sit alone in the back of the vehicle, or directly behind the driver. If the patient has been threatening or violent, a pat search prior to transport is advisable. Remove from their person anything that could be used as a weapon on staff escorts or the driver.

The use of restraints during transport must be done within the parameters of current MSH policy and the relevant laws, both state and federal. The only time restraints can be used without prior physician's orders are when there is imminent danger to the patient and/or staff. If this is the case, a physician's order must be obtained as soon as possible after the event. An incident report must also be filed detailing the events surrounding the use of restraints.

If there is an emergency such as hostage taking, a patient breaking out of their restraints, or uncontrollable physical outbursts, the person in charge of the transport will summon law enforcement and immediately stop the transport. One person should be designated as the transport "supervisor" for every transport involving more than 2 staff. This person should not be the driver, and this person should have a cell phone or two-way radio and have responsibility to call for assistance if needed. An incident report must be filed detailing all the facts of any emergency event.

ALARM SYSTEMS FOR THE MAIN HOSPITAL BUILDING & SPRATT BUILDING

The alarm systems for the Main Hospital Building and Spratt Building has been designed to ensure all patients, staff and visitors can be notified immediately in the event of smoke and/or fire.

The Main Hospital Building and Spratt Building are equipped with an alarm system to provide early warning of a fire. The buildings are also equipped with sprinkler systems that should extinguish any fire. Relocation/evacuation will be necessary in the event a fire was not extinguished by the sprinkler system or if there is significant smoke as the result of a fire.

DEFINITIONS

FIRE ALARM ANNUNCIATOR - An electronic panel that provides information about fire situations including: activation of pull stations, smoke detector activation, or sprinkler system activation. Fire alarm annunciators are located at the Front Desk, in each of nurse's stations, in the Dietary Department and the Heating Plant.

The Transitional Care Units (TCU J and M), the Warehouse and Maintenance Buildings are not connected to the fire alarm annunciator system.

The Hospital Operations Specialist located at the Front Desk (E Wing personnel between the hours of 12:00Midnight - 6:00AM) is responsible for responding to ALL alarms sounded via the annunciator.

Personnel working the treatment units can view the annunciator panel to receive information about the fire, **but should not attempt to reset the system.**

TROUBLE ALARM - An alarm audibly indicated via the fire alarm annunciator. The trouble alarm alerts personnel of a situation requiring immediate attention. A trouble alarm results when a smoke detector in a patient room is activated or dirty.

GENERAL ALARM - An alarm audibly indicated via the fire alarm annunciator. The general alarm alerts personnel of a situation requiring immediate attention. When in general alarm, audible alarms and strobe lights are activated throughout the building. A general alarm results when a pull station is activated, a sprinkler head is activated or a smoke detector outside a patient room is activated.

AUTODIALER - The auto-dialer automatically notifies Tyco Security Systems after a General Alarm sounds. Tyco automatically notifies Anaconda Deer Lodge County (911) that an alarm has sounded at Montana State Hospital.

No items are to be stored within 18” of the ceiling in buildings that have water suppression systems (sprinklers). In buildings with no fire suppression sprinkler systems, no items can be within 24” of the ceiling. NFPA code and CMS regulations are quite explicit on this issue and noncompliance is citable.

Automatic Sprinkling or Fire Alarm Systems Failure

In the event of the failure or deactivating of the Automatic Sprinkling or Fire Alarm Systems, certain steps must be taken if the systems are inoperable for 4 hours or more during a 24 hour period.

The authority having jurisdiction must be notified immediately. Notify by phone both the Montana State Hospital's CEO or their designee, and the Certification Bureau within the Quality Assurance Division in Helena. The Certification Bureau can be notified by calling 444-4170. After the system has been disabled for more than 4 hours, the on-sight designee will direct security officers or other qualified personnel to conduct fire watches in all effected areas every 30 minutes. All personnel having fire watch responsibility will be in possession of either a cell phone or a two-way radio that will allow them to contact emergency services. This may be in the form of contact to the Hospital Operations Specialist or a direct call to 9-1-1 services.

If a fire watch is not feasible the effected buildings will be evacuated according to the evacuation plan outlined in this document for that particular building.

FIRE AND EVACUATION PLAN FOR THE RECOVERY CENTER BUILDING AND THERAPEUTIC LEARNING CENTER

The Fire and Evacuation plan for the Recovery Center (RC) and Therapeutic Learning Center (TLC) has been designed to ensure all patients, staff and visitors can be quickly moved to safety in the event of fire or other emergency.

RESPONSIBILITIES

All personnel working in the Recovery Center and Therapeutic Learning Center must assist with relocation of patients in the event of a fire. A floor plan identifying exits, fire extinguisher locations and pull station locations has been posted throughout the buildings.

FIRE/DISASTER IN THE RECOVERY CENTER

In the event of a fire in the RC, all patients, employees and visitors must **relocate to the Main Hospital Building**. Personnel must immediately conduct a head count to ensure all patients, staff and visitors have been accounted for. All personnel must remain at the Main Hospital Building until the Emergency Operations Center (or Fire Chief) gives the “all clear” for them to return to the RC. Immediately notify treatment units and the Emergency Operations Center of any patients that relocated to the Main Hospital Building. Patients must remain at the Main Hospital until arrangements have been made for them to safely return to their treatment unit.

Orienting employees, tour groups, etc. must remain with Staff Development personnel until the “all clear” has been given by the Emergency Operations Center.

RESPONSIBILITIES

In the event of a fire in the RC all personnel must assist with relocation of patients. Floor plans identifying exits, fire extinguisher locations and pull station locations have been posted throughout the building.

FIRE/DISASTER IN THERAPEUTIC LEARNING CENTER

In the event of a fire on TLC, all patients, staff and visitors **must relocate to the rotunda of the Main Hospital Building**. Personnel must immediately conduct a head count to ensure all patients, staff and visitors have been accounted for. Patients must remain in the rotunda until the Emergency Operations Center gives the “All Clear” for them to return to their treatment unit. **Immediately notify the Emergency Operations Center and let them know if patients & staff have been accounted for.**

FIRE/DISASTER IN LOCATIONS OTHER THAN THE TLC & RC

All patients at the TLC or RC at the time of a fire/disaster outside the TLC or RC must remain at the TLC or RC until it has been determined it is safe for them to return to their treatment unit. Staff must immediately conduct a head count to determine which patients are at the TLC or RC. Notify the Emergency Operations Center, (front desk) of any patients located in these areas.

FIRE DRILLS

Fire drills will be conducted on the Recovery Center, Administration Annex and Therapeutic Learning Center once each year. The Safety Officer or designee will conduct and document these drills.

EVACUATION PLAN FOR THE ADMINISTRATION ANNEX

In the event of a fire on the Administration Annex, all patients, staff and visitors **must relocate to the rotunda of the Main Hospital Building**. Personnel must immediately conduct a head count to ensure all patients, staff and visitors have been accounted for. Patients must remain in the rotunda until the Emergency Operations Center gives the “All Clear” for them to return to their treatment unit. **Immediately notify the Emergency Operations Center and let them know if patients & staff have been accounted for.**

FIRE AND EVACUATION PLAN FOR THE TRANSITIONAL CARE/PINTLAR UNITS

The Fire and Evacuation plan for the Transitional Care Units (TCUs) has been designed to ensure all patients, employees and visitors can be quickly moved to safety in the event of fire.

RESPONSIBILITIES

All personnel working on the Transitional Care Units will assist with relocation of patients in the event of a fire. Floor plans identifying exits and fire extinguisher locations have been posted throughout the TCUs.

FIRE/DISASTER ON A TRANSITIONAL CARE UNIT

In the event of a fire on the TCUs, all patients, employees and visitors must relocate as identified below. Personnel must immediately conduct a head count to ensure all patients, staff and visitors are accounted for. Patients must remain at the relocation site until the Emergency Operations Center gives the “All Clear” to return to the treatment unit.

All patients, staff and visitors at the **Johnson TCU** will meet on the corner of Mystic & Orofino. The **Mickelberry House** will meet in the parking lot adjacent to the WATCH program. The **Pintlar Group Home** will meet across the street from the main entrance to the building. The **McCollom House** will meet at the corner of Hearst and Garrity. A head count will be conducted to ensure all people are accounted for. **Immediately notify the Emergency Operations Center and let them know if patients and staff have been accounted for.** After conducting a head count, all patients, staff and visitors must relocate to the rotunda of The Main Hospital Building. All patients, staff and visitors must remain at that location until directed to return to the TCUs by the Emergency Operations Center or Incident Commander.

FIRE/DISASTER IN LOCATIONS OTHER THAN THE TRANSITIONAL CARE UNIT

All patients must remain at the TCU and Pintlar units in the event of a fire/disaster outside the units. Staff must immediately conduct a head count to determine which patients are on the units. **Immediately notify the Emergency Operations Center if any patients are not accounted for.** Staff will notify the appropriate unit that patients are under their supervision at other locations on campus. TCU/Pintlar patients will be directed to return to their unit as soon as it is safe to do so.

Emergency Egress Protocol through the D –Wing Yard Area

Primary egress from D wing is through the double fire doors to E wing. If that escape route is cut off, this is the secondary plan

Egress can be done in two ways. 1) Staff and patients exit the unit through the right courtyard into the exercise yard, and a staff member(s) exit through one of the doors that enters into the fire corridor unlocking the inner fence so staff and patients can move into the fire corridor. 2) Staff and patients exit the wing through one of the two fire doors that lead directly into the fire corridor. Sidewalks are to be maintained and be kept clear of all obstructions, including lawn maintenance equipment and snow.

Once an emergency has been declared by the House Supervisor (or designee) and evacuation to the Spratt building is needed because it is unsafe to evacuate to E unit, patients will be moved to the cement lined fire escape corridor between the two fences immediately after local 911 agencies have been notified. Security will be notified immediately. All units with Crisis Response Team members will send members to the outer perimeter of the fenced yard to aid in the move to the Spratt Building. A member of the Forensic Unit's staff will do a count of patients to ensure all are accounted for prior to the move to the Spratt Building. If the weather permits and there is no imminent danger to the patients in the fire escape corridor, patients will be moved in small groups of 6 patients at a time for security purposes. This will be done under the supervision of Security Officers, aided by Crisis Response Team members, Professional Staff and if available, Law Enforcement Officers. If there is a need based on weather conditions or the nature of the emergency, all patients will be moved to the western entrance of the Spratt Building at once. Security will control the egress from the fire escape corridor. Once relocation is completed to the Spratt Building, another count will be taken by staff to assure all patients are accounted for. Portable bunks and chairs will be placed in the day hall areas to accommodate patients until more permanent quarters can be arranged (if needed).

FIRE DRILLS

Fire drills must be completed for all patient occupied areas on each unit on a quarterly basis. The Safety Officer will work with Program Managers and Nurse Supervisors to ensure all fire drills are completed each quarter, and will maintain documentation on all drills.

TRAINING

All Hospital personnel will receive training on the Fire, Emergency & Disaster Plan. All personnel who work at the front desk will receive training on the fire annunciator system. Personnel assigned to work E Wing between 12:00Midnight and 6:00AM will receive training on the fire annunciator system.

All employees will receive training on their roles and responsibilities in the event of fire or other emergency. Training will also identify the process for activating a pull station. All employees will be provided keys to activate pull stations.

Employees working at the Transitional Care Units and the Pintlar Group Home will educate patients about fire safety, evacuation routes and evacuation sites.

The Staff Development Department will maintain records of all employees training.

IF EVACUATION IS NECESSARY

Nursing staff will escort patients to the designated relocation sites and account for all patients and staff.

- All doors in the evacuated building must be closed and left unlocked. No one will be allowed to re-enter the building until the Incident Commander (normally located at the front desk) gives the “all-clear” signal.
- The Team Leader/Nurse Supervisor will account for all staff and patients assigned to their unit. **If staff/patients are unaccounted for, the Team Leader/Nurse Supervisor must immediately notify the Emergency Operations Center.**

HOW TO MOVE PATIENTS WHO ARE IN DANGER

Move patients nearest the fire first.

- Utilize a blanket or bedspread to cover patients if they are not adequately dressed.
- Assist patients as necessary or needed on a case by case basis.
- Escort patients to the identified relocation/evacuation site as soon as possible.

For patients who cannot walk:

- Utilize wheelchairs or gurneys to transport patients to safety.
- Use bedding as a carrier if needed. **DO NOT** move beds through doorways as this will obstruct exits.
- If smoke is heavy, patients and staff should crawl to safety if possible. If the patient is unable to walk, lay them on a blanket or sheet and use the bedding to drag them to safety.
- Always feel closed doors before opening, checking for heat/fire on the other side of the door.

EVACUATION SITES

Floor Plans identifying relocation/evacuation routes are posted in strategic locations in all patient occupied areas. These sites are to be used if it is not necessary to evacuate the entire Main Hospital Building.

A Wing relocates to B Wing.

B Wing relocates to A Wing.

C Wing (Administration, Housekeeping, Dining Room, Med Clinic) relocates to the TLC.

D Wing (Forensic Program) relocates to E Wing.

E Wing relocates to D Wing (Forensic Program).

Spratt Building relocates to the Recovery Center, class rooms A & B.

Transitional Care Units relocate to C wing (Rotunda) of the main hospital.

Recovery Center relocates to the Rotunda and Administration wing of the Main Hospital Building.

Pintlar Group Home relocates to the Rotunda of the Main Hospital Building.

Administration Annex relocates to the Rotunda and Administration wing of the Main Hospital Building.

Therapeutic Learning Center would relocate to the Rotunda of the Main Hospital Building.

The Chapel would relocate to the Rotunda of the Main Hospital Building.

Housekeeping and Dietary relocate to the Rotunda to account for all staff.

If the Main Hospital Building must be evacuated, surrounding buildings would be utilized as follows:

A Wing must evacuate to the TLC gymnasium.

B Wing must evacuate to the TLC gymnasium.

C Wing must evacuate to the TLC gymnasium.

D Wing (Forensic Program) must evacuate to the Spratt Building.

E Wing must evacuate to the Recovery Center, class rooms A & B.

When the campus siren is activated all maintenance are to report to the maintenance office for instructions, (unless it is the siren test on Fridays at 1300). Assignments will be given to staff from there by the Maintenance Supervisor.

If the warehouse must be evacuated, staff/patient workers are to report to the maintenance office so all staff/patients can be accounted for.

INTERNAL DISASTER OR EMERGENCY

Montana State Hospital is neither fully equipped nor adequately staffed to deal with large scale emergencies or disasters. The hospital can cope reasonably well with local emergency situations such as small fires or other emergencies involving minor injuries. Montana State Hospital will notify Anaconda/Deer Lodge County in the event of more significant emergencies, as well as the DPHHS Director's office at 406-444-5622 and the Governor's office at 406-444-3111.

Posting of the Emergency and Disaster Plan

Supervisors must ensure all employees have a thorough understanding of this plan, especially sections applying to their normal/immediate work area. A copy of this plan must be posted in each department or on each treatment unit (in the nurses' station) to ensure every employee has access to the plan at all times.

Notification of Off Duty Personnel during Emergencies

When directed by the Hospital Administrator, Director of Nursing, or Nurse Manager, the Hospital Operations Specialist must contact employees who are off duty. Available employees must report to the Staffing Office for assignment. If the Main Hospital Building is not accessible due to the emergency situation, all employees must report to the Spratt Building. The Front Desk maintains a rolodex containing home phone numbers for employees.

ACTIONS TO BE TAKEN IN ANY EMERGENCY

There are a number of emergencies Montana State Hospital could be faced with. The response to most emergencies would require the following responses:

- The protection of life is the primary concern. Every effort will be taken to ensure the safety of all patients, staff and visitors.
- Sound the alarm. Dial 7440 to notify the Hospital Operations Specialist of all emergencies. This includes all types of codes. Dial 911 to notify Anaconda Deer Lodge County Authorities upon authorization of the CEO or designee.
- Take steps to protect property and minimize damage if you can do so without putting yourself at risk.
- Immediate suspension of campus pass.

TRIAGE AREA

Triage will be established at the Med Clinic area in the Main Hospital Building. This area will be under the direction of the Medical Director. The Director of Nursing Services, Infection Control Nurse, Medical Clinic staff and physicians must report to the Triage Area. Emergency supplies (i.e., first aid supplies, blankets, etc.) can be obtained from the warehouse. Other areas can be identified as triage sites by the Director of Nursing Services (or designee) in conjunction with the Medical Director (or designee). **ALL PHYSICIANS ARE REQUIRED TO REPORT TO THE TRIAGE AREA.**

Employees will be assigned to the Triage Area by the Medical Director, Director of Nursing Services or the Emergency Operations Center, (normally the front desk).

An ambulance can be obtained by contacting the Emergency Operations Center.

Additional personnel can be obtained by contacting the Emergency Operations Center.

Additional supplies can be obtained from the Warehouse. After hours the Security Officer and Engineer will obtain supplies from the Warehouse.

EMERGENCY OPERATIONS CENTER

The Hospital Administrator (or designee) and the Director of Quality Improvement and Public Relations will establish an Emergency Operations Center (EOC) at the Front Desk. The EOC will oversee assignment of arriving personnel and internal/external communications.

In the event an emergency occurs outside normal business hours, the Nurse Manager will locate at the Front Desk. The Nurse Manager will coordinate emergency activities from this location until additional personnel arrive.

The Emergency Operations Center can be contacted by dialing the following numbers:

- 7213 (An alternate phone at the front desk)
- 7044 (Located in the back room at the Front Desk)
- 6400 (Courtesy phone located at Front Desk)

If the number is busy, keep trying.

Do not dial 7440 when attempting to contact the Emergency Operations Center for non-emergencies.

During normal business hours, the EOC must provide information about the fire/emergency to the following areas:

Board of Visitors (Extensions 7035, 7037)
Credit Union (693-2366)
Dietary Department (Extensions 7216, 7211, 7212)
Housekeeping Department (Extensions 7038, 7114).
Maintenance Department (Extensions 7111, 7110)
Pharmacy (Extension 7179)
Administration Annex Building (Extensions 7003, 7015, 7154, 7030, 7021)
Therapeutic Learning Center (Extensions 7189, 7133, 7145, 7182, 7193, 7086)
Transitional Care Units (Extensions 7410, 7413, 7004, 7183)
Voc Rehab (Extensions 7158, 7159)
Warehouse (Extensions 7217, 7117)

The Front Desk maintains a list of employee phone numbers. Additional personnel can be called to work when directed to do so by the EOC.

If the Main Hospital Building must be evacuated, a back-up EOC will be located on the Recovery Center in the Mail Room.

After hours (i.e., evenings, nights, weekends, holidays), the individuals listed in **Addendum A** will be notified of an emergency situation by the Hospital Operations Specialist (E Wing Personnel between the hours of 12:00Midnight - 6:00AM) when instructed to do so by the Nurse Manager.

CAMPUS EVACUATION

In the event of a hospital-wide disaster that requires evacuation of the entire campus, immediately call 911. A safe, rapid evacuation of the campus can only be accomplished by utilizing all resources available in Anaconda Deer Lodge County and possibly other adjoining counties. Employee's personal vehicles may also be needed.

The Emergency Operations Center will work with Anaconda/Deer Lodge County disaster and law enforcement personnel to arrange housing and transportation.

Emergency housing sites would include:

- Anaconda School System Gymnasiums
- Anaconda National Guard Armory
- Anaconda Job Corps

EMERGENCY TRANSPORTATION

| | |
|-------------------------------|--|
| MSH Vehicles | 693-7136 |
| AWARE (Anaconda Program) | 563-5229 (Mon-Fri 8:00-4:00) 563-3634 (All other times) |
| AWARE (Butte Program) | 490-1600 (Mon-Fri 8:00 - 4:00) 494-1772 (All other times) |
| ADLC Ambulance | 911 |
| Tucker Transportation | 723-4623 |
| Anaconda Job Corps | 563-8700 |
| Disaster & Emergency Services | 406-841-3911 |

If additional areas and/or transportation are needed to house and feed patients, the hospital would seek assistance from the communities of Butte & Deer Lodge.

BOMB THREAT PROCEDURE

When a person receives a bomb threat, he/she should listen carefully and **write down** all information obtained from the caller. Questions to ask the caller include:

- When is the bomb going to explode?
- Where is it located?
- What does it look like?
- What kind of bomb is it?
- Prolong the conversation as long as possible.
- Note distinguishing voice characteristics (i.e., is the caller male or female) and background noises (i.e., noisy, quiet, music, voices, etc).
- Note if the caller has knowledge of the facility by his description of the location of the bomb.

At the conclusion of the phone call immediately notify the Hospital Operations Specialist. The HOS must notify the Hospital Administrator, Director of Nursing and Safety Officer. After hours notify the Nurse Manager who will determine if it is necessary to notify the Hospital Administrator, Director of Nursing and Safety Officer.

The Emergency Operations Center will coordinate appropriate notification and direct additional staff as needed. The authorities identified in **ADDENDUM B** will be notified of the situation as directed by the Hospital Administrator.

Anaconda Deer Lodge County authorities must be notified of all bomb threats. Anaconda Deer Lodge County authorities will assume command of the scene in the event of a bomb threat.

Refer to **Addendum C** for a more detailed checklist to use during & after the threat.

EARTHQUAKE PROCEDURE

The potential for earthquakes in this area is significant. In the event of a moderate to severe earthquake, older buildings should be evacuated until the General Services Division deems them safe for reoccupation.

Damage can include:

- Collapsed or severely damaged buildings, bridges, roadways, etc.
- Downed utility wires
- Broken gas or water mains
- Fires from disrupted utilities

Be prepared to deal with all types of injuries including fractures, concussions, lacerations, abrasions, burns, & smoke inhalation.

WHAT TO DO DURING AN EARTHQUAKE

- Whether indoors or outdoors, stay there. Most injuries occur when people are entering or leaving buildings.
- If indoors, remain in hallways, away from windows and heavy objects which could fall. Seek shelter under sturdy tables or desks or inside door frames.

- Remember to “Drop, Cover & Hold On”. Drop to the floor, cover yourself as quickly as possible, & hold on. The table you are under may move as the shaking continues.
- If outdoors, stay away from buildings and utility wires.

Do Not:

- ✓ Travel far to Drop, Cover & Hold On. Only go a few steps in any direction.
- ✓ Pull the fire alarm.
- ✓ Use candles, matches, cigarettes, or any other burning material because of the potential for gas leaks.
- ✓ Re-enter a building for any reason. The General Services Division will advise hospital management when or if it is safe to return.

WHAT TO DO AFTER AN EARTHQUAKE

- ✓ When the quake stops, reassure and calm residents. Check for injuries. Be prepared for aftershocks. Keep patients away from windows, damaged walls, etc.
- ✓ Check utilities. Look for exposed wiring, broken gas lines, etc. Check for structural damage.
- ✓ Monitor the radio for more information on the emergency from local authorities.
- ✓ Assure sewage lines are intact before using sanitary facilities.
- ✓ Keep telephone lines as clear as possible for emergency use.

INCLEMENT WEATHER

Extreme weather conditions include thunderstorms, high winds, winter storms or flood conditions. In the event of inclement weather, the Hospital Administrator, Director of Nursing, Medical Director or Nurse Manager will direct that **campus pass be suspended. Treatment units must notify security of any patients who are on campus pass. Security will transport these patients back to their units or to the nearest safe building.**

EMERGENCY WATER SUPPLY

This plan covers two situations where Montana State Hospital’s water supply is interrupted:

Anticipated interruptions in the water supply (i.e., MSH has advance notice of interruption in water supply). This type of interruption is generally short term:

- The warehouse will maintain a supply of drinking water to be used in emergency situations.
- Maintenance staff will provide plastic buckets to be filled for use in flushing toilets. These containers will be placed in bathrooms prior to the interruption of the water supply. These containers must be clearly labeled to indicate it is not to be used as drinking water. When the water supply is resumed, maintenance staff will pick up the buckets and store them for future use.

UNEXPECTED INTERRUPTIONS TO THE WATER SUPPLY

- Drinking water can be obtained from the warehouse in emergency situations.
- The Maintenance Department will provide water in plastic buckets to be used in flushing toilets (water can be obtained from Warm Springs Creek). These containers must be clearly labeled to indicate it is not to be used as drinking water. When the water supply is resumed, maintenance staff will pick up the buckets and store them for future use.

If MSH experiences a long term interruption in water supply, the following can be contacted to provide emergency drinking water:

| | |
|--|----------|
| Marty Mavrinac (Anaconda National Guard) | 563-7634 |
| Meadow Gold Dairy (Butte) | 723-4353 |
| Summit Valley Bottled Water (Butte) | 494-4011 |
| Culligan Water (Butte) | 782-2400 |

BACKUP COMMUNICATION

The Backup Communication Protocol for Montana State Hospital has been prepared to outline actions to be taken in the event of a malfunction with the switchboard at the front desk (or E Wing between the hours of 12:00midnight and 6:00AM).

TROUBLESHOOTING

If the switchboard is not functioning, the Hospital Operations Specialist should take the following steps to determine if the problem can be easily corrected:

- Check the phone cord on the console to ensure it is properly plugged in.
- Check the handset to make sure it is properly connected.
- Check the connection at the back of the console to ensure it is properly connected

If the switchboard does not work after taking these steps, check other phones at the front desk to determine if they are functioning. If the switchboard and telephones at the front desk do not function, the following actions should be taken:

NORMAL BUSINESS HOURS

For telephone problems occurring during normal business hours the following actions should be taken:

- Notify the CFO (Extension 7021). If the CFO is not available, notify the Business Office Manager (Extension 7025). If these personnel are not available, notify the Property Master (7219). It may be necessary to have the Security Officer or any staff person deliver the messages when necessary.
- Notify Health Information (Extensions 7131 or 7171) of all problems with the switchboard.

AFTER HOURS

For telephone problems occurring after hours the Hospital Operations Specialist should notify the Telecommunications IT contact. Cell phones are available if the switchboard is not operating. The number to call is 406-431-7405.

When contacting the IT number, remember the following:

- Customer Service can generally determine what the “problem” is without being onsite to inspect the equipment. If they cannot rapidly determine the problem, the problem is likely on-site.
- The Hospital Operations Specialist has a key to the phone room located on the east end of the Recovery Center.

Notify the CFO of any telephone emergencies that are not corrected in a timely manner (560-0892). The HIM Supervisor (563-2041), Director of Nursing, (563-2305) and John Glueckert (250-2543) should be notified of telephone outages at the discretion of the Nurse Manager.

The following areas should be notified when the telephone system is not functioning (it may be necessary to have the Security Officer or a staff member deliver the message):

- All treatment units
- Nurse Manager
- The Recovery Center
- Therapeutic Learning Center
- Security
- WATCH Program
- Anaconda Police Department
- Doctors on call

TWO-WAY RADIOS

Two-way radios are currently located in the following areas, (using channel one):

- The front desk has 2 two-way radios
- Security Officers have 7 two-way radios
- All units have at least 1 two-way radio
- The Safety Officer has 2 two-way radios
- The TCUs have one two-way radio each
- The Spratt Building has digital radios and analog radios

CELL PHONES

Cell phones can be accessed from the following areas in the event of an emergency:

| | | | |
|-----------------|----------|-------------------|----------|
| Maintenance | 560-1241 | Physician | 560-6331 |
| Front Desk | 560-0245 | Physician | 560-0263 |
| Business Office | 560-1358 | Discharge Tech | 560-5026 |
| Teamster | 560-0262 | Spratt | 560-1299 |
| Teamster | 560-0264 | Staffing | 560-1324 |
| Teamster | 560-1300 | Purchasing Office | 560-3335 |
| Teamster | 560-5552 | Security | 560-1738 |

BACK-UP SWITCHBOARD

A back-up switchboard is located at the mail room of the Recovery Center. Instructions for operating the back-up switchboard are available at the RC. Hospital Operations Specialists will receive training on the operation of the back-up switchboard.

When relocating the Switchboard the following steps must be taken:

- Bring the rolodex containing employee phone numbers to the RC
- Bring keys to access back-up switchboard to the RC

The back-up switchboard will not work unless the receiver is unplugged from the main switchboard located at the front desk. The Hospital Operations Specialist MUST un-plug and bring the receiver with them when evacuating.

ESCAPE FROM LOCAL CORRECTIONAL FACILITY

In the event of an escape from a local correctional facility the following steps must be taken by the Hospital Operations Specialist:

- Notify Anaconda/Deer Lodge County law enforcement (911).
- Immediately notify Security. Security will direct/transport patients on campus pass to their unit or a secure building. Campus/Leisure pass will be suspended.
- Immediately notify all treatment units.
- Immediately notify all other personnel (i.e. Therapeutic Learning Center, Recovery Center, Maintenance, etc.).
- Doors to all buildings must be locked to ensure safety and security.
- The personnel office will provide an updated housing list to the Hospital Operations Specialists quarterly. The Hospital Operations Specialists will attempt to notify all residences on campus of an escape from a local correctional facility.
- During non-business hours, the Hospital Operations Specialist will notify the Hospital Administrator and Director of Nursing of the situation when directed to do so by the Nurse Manager.
- For further reference, review the Missing Patients, Unauthorized Leave Policy, # ER-03.

UTILITY FAILURE RESPONSE

This plan is written to assist Nurse Managers in the event of a power failure, fire alarm system malfunction, or interruption in the water supply. If there is an interruption in power, fire alarm malfunction or interruption in the water supply **during normal working hours**, the Nurse Manager must immediately notify the Maintenance Department (Extension 7110). If the Maintenance Department is not available, notify the Heating Plant (Extension 7116).

The Front Desk maintains a list of Maintenance Department employee home phone numbers.

In all utility failure situations Montana State Hospital has the following priorities:

- Keep all patients, employees and visitors safe.
- Preserve property and minimize damage.
- Continue providing patient care.

If an emergency situation occurs outside normal business hours, the following actions should be taken:

POWER FAILURE

The Main Hospital Building is equipped with a generator designed to provide heat and limited lighting in the event of power interruption. The Spratt Building has limited emergency lighting. Other areas of the Hospital's campus are not equipped with emergency heat or lighting. If there is an **interruption in electricity outside normal business hours**, the Nurse Manager should immediately notify the Heating Plant (Extension 7116) and the Security Officer. If the engineer at the Heating Plant is not able to resolve the problem, the Nurse Supervisor should contact the electrician (phone numbers for maintenance personnel are available at the front desk). If the electrician is not available, notify the Maintenance Supervisor. If the electrician and Maintenance Supervisor are not available, contact Northwestern Energy at the following number:

Electric Emergencies

(888) 467-2353

Generally, if Montana State Hospital has limited power, the problem is on campus. If Montana State Hospital has no power, the problem is generally external to the campus.

If Northwestern Energy indicates Montana State Hospital is responsible for the situation and the electrician and Maintenance Supervisor are not available or are unable to resolve the problem, the House Supervisor should contact an outside provider.

When possible, the House Supervisor should consult with the Heating Plant engineer, Maintenance Supervisor and hospital electrician prior to contacting an outside provider.

| | |
|-------------------|----------|
| Colbert Electric | 563-7552 |
| Peterson Electric | 563-8021 |

Additional electricians can be located in the phone book.

In the event of a natural gas leak the Heating Plant should be notified immediately. If the heating plant engineer is unable to resolve the problem, a plumber should be notified. If a plumber is not available, notify the Maintenance Supervisor. Northwestern Energy will be notified of gas emergencies at the following number:

Gas Emergencies

(888) 467-2427

In the event of a natural gas leak, patients, employees and visitors must be moved to a safe area.

WATER SUPPLY INTERRUPTIONS

If there is an interruption in the water supply or a broken water line occurring outside normal business hours, the Nurse Manager should immediately notify the Heating Plant (Extension 7116) and the Security Officer. If the Heating Plant engineer is not able to resolve the problem, the Nurse Supervisor should notify the Hospital's plumber. If the plumber is not available, notify the Maintenance Supervisor. If the plumber and Maintenance Supervisor are not available, notify **Anaconda Water (563-7111)**.

The following list of plumbers and excavators should be used by the Nurse Manager when the Maintenance Supervisor/plumbers are not available or are unable to resolve the problem. **Whenever possible, the Nurse Manager should consult with the Heating Plant engineer, Maintenance Supervisor and hospital plumber prior to contacting an outside provider.**

The following **plumbers** are available locally:

| | |
|----------------------------------|----------|
| Galle Plumbing (Anaconda) | 563-5741 |
| Saltenberger Plumbing (Anaconda) | 563-3088 |
| Walsh Plumbing (Butte) | 782-2929 |

Additional plumbers can be located in the phone book.

The following **excavators** are available locally:

| | |
|---------------------------------------|----------|
| Galle Plumbing and Heating (Anaconda) | 563-5741 |
| Sullway Construction (Butte) | 494-3076 |

Additional excavators can be located in the phone book.

FIRE ALARM MALFUNCTION

In the event of a fire alarm system malfunction occurring outside normal business hours immediately notify the engineer at the Heating Plant and the Security Officer. If they are not able to resolve the problem, notify the electrician. If the electrician is not available, notify the Maintenance Supervisor. If they are not able to correct the problem, notify the following:

| | |
|--|--------------------------------|
| Alarm problems on the <u>Spratt Building:</u> | Tyco (Missoula) (406) 728-3943 |
| | Tyco (Russ) (406) 240-2228 |
| | Tyco (Butte) (406) 949-2478 |

Alarm problems in the **Main Hospital/TLC Building:** Simplex (406) 443-3660

Alarm problems in the **WATCH Program:** Interstate Alarm: (406) 728-4546

Alarm problems in the **Pintlar Building:** Dynamark (Missoula) (406) 370-1111

Alarm problems in the **Administration Annex:** (800) 221-0826

SUMMONING HELP FROM OUTSIDE RESOURCES IN CRISIS SITUATIONS

Only the CEO or their designee will call for outside assistance, (or Nurse Manager after hours) all others will be involved in the management of the incident. The MSH representative will clearly and calmly identify themselves, describe the situation, and any other important facts the outside provider may need to know. Outside calls other than those made by the person in charge must wait until the incident is under control. Staff calls to family members, the union, or other non-essential entities will not be allowed until the situation is resolved and order is restored. Once outside help arrives, only the supervisor in charge is to brief them on the situation, doing this immediately upon their arrival. Unless unavoidable, the supervisor in charge will **not** become physically involved in interventions, firefighting (or whatever the emergency is) but will remain in a position to direct the actions of staff and patients. During physical interventions, the supervisor may direct staff to isolate non-involved patients for their safety.

All directives given by the Supervisor in charge will be carried out without question or argument. In an emergency there is no time for management by consensus. The supervisor in charge will direct staff to either manage patients that are not involved in the incident or to evacuate patients from the wing or building, as the situation warrants.

HOSTAGE SITUATIONS

1. Isolate the situation as much as possible. Keep patients and unnecessary staff away from the hostage situation. When possible, uninvolved people should evacuate the area to a safe assembly point. For this reason a “code green” should **not** be called in most cases.
2. Set up an Incident Command Post near the situation, but far enough away from the hostage taker to insure they are not aware of ICP activities or communications. Collect as much information as possible on the perpetrator, which can be used during any communications/negotiations.
3. Contain the situation. As much as possible, limit the perpetrator’s movement. Stall for time and make no major concessions to any demands. Things such as food, beverages or other minor gestures of trust building are encouraged. **Never** provide additional weapons, hostages, or modes of escape transportation when they are demanded. The safety of the public, patients, and employees must be the first consideration. Campus Pass will be immediately suspended.
4. Whenever possible, only one person should maintain communication with the hostage taker. This gives the perpetrator a sense of continuity and promotes trust. When another communicator intervenes, the possibility of escalation is increased. The perpetrator may feel frustration because they are forced to “start all over again” with a new communicator/negotiator.

RESPONSIBILITIES

The Hospital Operations Specialist must be notified by emergency phone (7440) of a hostage event. The caller will describe the situation as clearly as possible with such facts as where the event is, who is involved, and what resources are needed. The HOS will immediately call 911 and get law enforcement on their way. **The call to 911 should be made as soon as possible.**

1. The HOS would next call the CEO or their designee, the house supervisor, and the Director of Nursing.
2. The CEO or their designee (the Nurse Supervisor on duty after hours) will proceed to the area where the hostage was taken and take charge of the situation. This may not mean taking over as the communicator with the hostage taker, (see #4 above). The CEO/Nurse Supervisor may be of the most help by directing activities in the ICP. The Incident Commander must assess the situation and make the decisions necessary until law enforcement arrives. Only the Incident Commander will brief the authorities upon their arrival, after which law enforcement will assume control of the situation.

ADDENDUM A

| <u>TITLE</u> | <u>NAME</u> | <u>WORK</u> | <u>HOME</u> |
|--|---------------------|--------------|----------------------|
| Hospital Administrator | John Glueckert | 7010 | cell 250-2543 |
| Associate Administrator Clinical Services | Drew Schoening | 7070 | 491-3738 |
| Medical Director | Dr. Thomas Gray | 7236 or 7051 | 693-2114 549-5416 |
| Director of Nursing | Dave Olson | 7247 | 560-1412 |
| Asst. Director of Nursing | Tiona Juarez | 7020 | 498-1345 |
| Maintenance Supervisor | Alan Glueckert | 7110 | 560-1241 |
| Director of Quality Improvement & Public Relations | Connie Worl | 7052 | 491-4218 |
| Occupational Safety & Health Specialist | Dave Gregory | 7207 | 560-6836 |
| Chief Financial Officer | Tracey Thun | 7021 | 560-0892 |
| Director of HIM | Melinda Bridgewater | 7171 | 563-2041 |

ADDENDUM B

| | |
|--|-----------------|
| Anaconda Deer Lodge County Law Enforcement | 563-5241 or 911 |
| Poison Control | 1-800-222-1222 |
| CHEMTREC | 1-800-424-9300 |
| ADLC Ambulance | 911 |
| Anaconda Community Hospital | 563-8500 |
| St. James Hospital | 723-2500 |

DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES:

| | | |
|----------------------|------------------|----------------------|
| Director | Richard Opper | 444-5622 |
| Administrator (AMDD) | Glenda Oldenburg | 444-3969 or 366-4509 |
| Bureau Chief | Kara Sperle | 444-2013 |

Addendum C

In the event of a bomb threat, keep the caller on the phone as long as possible. Write all information provided by the caller. Ask the following questions. Notify Nurse Supervisor immediately.

Date call received: _____ Time call received: _____

QUESTION TO ASK THE CALLER

1. When is the bomb going to explode?
2. Where is the bomb located?
3. What does the bomb look like?
4. What kind of bomb is it?
5. What will cause the bomb to explode?
6. Why did you put the bomb here?
7. What is your name?

Write down the exact wording of the threat below:

Gender of caller:

Estimated age of caller:

If the voice was familiar, whom did it sound like?

CALLERS VOICE

| | | | |
|-----------------------|----------------------|----------------------|-----------------|
| _____ Calm | _____ Angry | _____ Exited | _____ Raspy |
| _____ Slow | _____ Rapid | _____ Soft | _____ Deep |
| _____ Loud | _____ Laughing | _____ Crying | _____ Ragged |
| _____ Normal | _____ Distinct | _____ Slurred | _____ Disguised |
| _____ Nasal | _____ Stutter | _____ Lisp | _____ Accent |
| _____ Clearing throat | _____ Deep Breathing | _____ Cracking voice | _____ Whisper |

BACKGROUND NOISES

| | | |
|------------------------|-----------------------|------------------------|
| _____ Street Noises | _____ Machinery | _____ Animal Noises |
| _____ Voices | _____ PA system | _____ Music |
| _____ Household Noises | _____ Motors running | _____ Office Machinery |
| _____ Quiet | _____ Static | _____ Local |
| _____ Long Distance | _____ Bar room noises | _____ Other |

Comments: